PTO/SB/21 (09-04) Approved for use through 07/31/2006. OMB 0651-0031

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				Application Number	10	10/654,540							
TRANSMITTAL				Filing Date	9/3	9/2/2003		RE	RECEIVED				
FORM				First Named Inventor	Zv	Zweig, Stephen Eliot			CENTRA				
				Art Unit	36	3661							
(to be used for all correspondence after initial filing)				Examiner Name	M	McDieunel, Marc			DEC	0	20	U5	
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		ee Transmittal Form Drawing(s)			• • •	(s)			Appeal Communication to Board				
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	Amendment/Reply				etition					Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)			
		fter Fina	ıl	L P	rovisional Application					rietary Informa	tion		
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riiii Na	anis	Stephe	n Blot Zweig										
Signature St Et 7													
Printed name Stephen Eliot Zweig										_	_		
Date 9/1/05			Reg. No. Invento			Inventor	or .						
CERTIFICATE OF TRANSMISSION/MAILING													
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:													
Signatu	Signature St Et Z												
Typed or printed name Stephen Eliot Zwelg			lg _	Date			Date	9/1/05		-			
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PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)						Docket Number (Opti	Docket Number (Optional)			
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		s <i>pursuant to</i> Number	to the Consolidated Ap)5 (H.R. 4818).]	1 4/2/22				
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			onths (37 CFR 1.17		\$450	\$225	\$			
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		Five mo	onths (37 CFR 1.17	7(a)(5))	\$2160	\$1080	s			
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This collection of information is required by 37 CFR 1.136(e). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 36 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 6 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individued case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief information Officer, U.S. Patent and Trademark Office, U.S. Dependment of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1460.

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Effective on 12/09/2004.	Complete if Known								
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4816	Application Number	10/654,540	0/654,540						
FEE TRANSMITTAL	Filing Date	9/2/2003	/2/2003						
For FY 2005	First Named Inventor	Zweig, Stephen Elio	eig, Stephen Eliot						
✓ Applicant claims small entity status. See 37 CFR 1.27	Examiner Name	McDieunel, Marc							
	Art Unit	3661	61						
TOTAL AMOUNT OF PAYMENT (\$) 60	Attorney Docket No.								
METHOD OF PAYMENT (check all that apply)									
Check Credit Card Money Order None Other (please identify):									
	Deposit Account N								
	For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)								
Charge fee(s) indicated below Charge fee(s) indicated below, except for the filling fee									
Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments under 37 CFR 1.16 and 1.17 WARNING: information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.									
FEE CALCULATION		· · · · · · · · · · · · · · · · · · ·							
1. BASIC FILING, SEARCH, AND EXAMINATION FEE									
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Application Type Fee (\$) Fee (\$) Fee	Small Entity (\$) Fee (\$) Fee	Small Entity (\$) Fee (\$)	Fees Paid (\$)						
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Design 200 100 10	50 130	0 65							
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Reissue 300 150 50	250 600	0 300	· · · · · · · · · · · · · · · · · · ·						
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2. EXCESS CLAIM FEES Fee Description Each claim over 20 (including Reissues) Each independent claim over 3 (including Reissues) Each independent claim over 3 (including Reissues) Each independent claim over 3 (including Reissues) Each independent claim over 3 (including Reissues) Each independent claim over 3 (including Reissues)									
Multiple dependent claims		360	180						
<u>Total Claims</u> <u>Extra Claims</u> <u>Fee (\$)</u> <u>F</u>	ee Paid (\$)	Multiple Depe							
HP = highest number of total claims paid for, if greater than 20.		<u>Fee (\$)</u>	Fee Paid (\$)						
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HP = highest number of independent claims paid for, if greater than 3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer									
listings under 37 CFR 1.52(e)), the application size sheets or fraction thereof. See 35 ILS C 41(a)(1)(6)	ce due is \$250 (\$125 for	r small entity) for eac	ch additional 50						
sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Total Sheets Extra Sheets Number of each additional 50 or fraction thereof - 100 = /50 = (round up to a whole number) x =									
Non-English Specification, \$130 fee (no small entity discount) Fees Paid (\$)									
Other (e.g., late filing surcharge): One month extension of time to reply under 37 CFR 1,136(a) 60									
UBMITTED BY									
gnature St El 3	Registration No. (Attorney/Agent) Inventor	Telephone ₄	08 348-1495						

ß Si Name (Print/Type) Stephen Eliot Zweig Date 9/1/2005

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